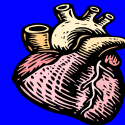
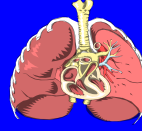
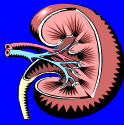
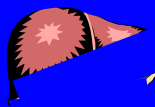


VA National Transplant Program Newsletter



A Publication of Medical /Surgical Services, VHACO

February 2005

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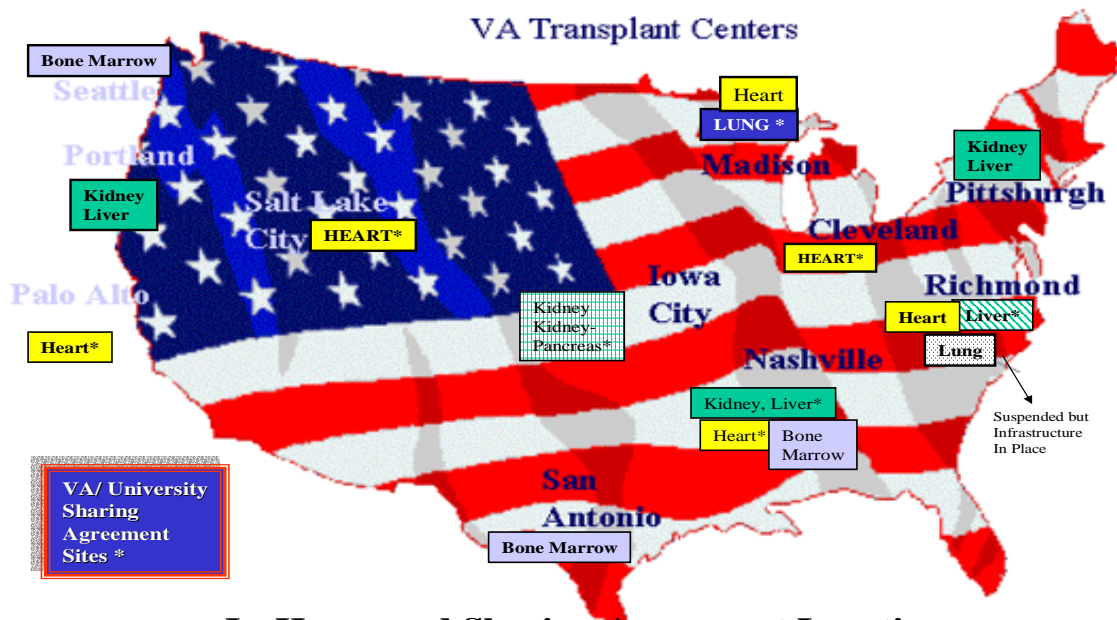
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***Presently recruiting for this position



1 VA Transplant Centers: In-House and Sharing Agreement Locations

2 **Program Highlights: Iowa City VATC**
Kidney-Pancreas Transplants: Opportunity for Type 1 Diabetic Veterans with Chronic Renal Failure

3 Farewell to Leslie Williams MS Richmond VATC
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6 Exciting News on Kidney Transplants: Infections Living Donors for Kidney Transplants Psychological Well-Being and Lung Transplant Register for COLLAGE, MyHealtheVet and VA Transplant Website for Templates, Medical Education Opportunities

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Transplant Program Highlights
Kidney-Pancreas Transplantation
Submitted by Ann M. Satterly, RN, BSN, CCTC
Renal Transplant Coordinator—VATC Iowa City, IA



The Iowa City VA Transplant Centers offers simultaneous kidney-pancreas transplantation to veterans who have chronic renal failure and Type 1 Diabetes. The first kidney-pancreas transplant was performed in 1966 at the University of Minnesota. The success rate for this dual transplant has improved significantly since then. According to UNOS (United Network for Organ Sharing), the one-year success rate for pancreatic graft survival is greater than 90%. It is now widely accepted as a treatment option for Type 1 Diabetes. A successful combined transplant gives the recipient freedom from insulin injections and blood sugars remain more stable without fear of severe hypoglycemic reactions. The most important reason to offer a kidney-pancreas transplant is to delay diabetic complications.

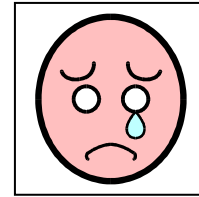
Currently the Iowa City program is the only VA Transplant Center offering kidney-pancreas transplants. Candidates are those with chronic renal failure and Type 1 Diabetes who are 50 or younger and free from significant cardiac disease. The organs are donated by a deceased donor, and transplanted together in one operation. The surgery lasts approximately 5 hours. The new organs are placed in the lower abdomen. The pancreas is attached to a small segment of the donor's small bowel, which is sewn into the recipient's intestine. The digestive juices flow into the intestine and are reabsorbed. The recipient's native kidneys and pancreas are not removed.

Patients remain hospitalized approximately ten days. Following discharge, patients require close follow-up with frequent laboratory tests and clinic visits. Patients are required to take immunosuppressive medications to prevent rejection. Long term medications used at the Iowa City VATC currently are Prograf (tacrolimus), Cellcept (mycophenolate mofetil) and Prednisone.

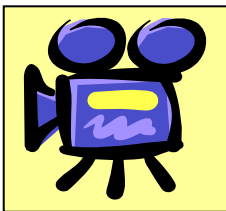
The following are "general guidelines" suggested by the Iowa City transplant team when considering the referral of a veteran for kidney-pancreas transplantation. If you have any questions, please do not hesitate to contact the Iowa City VATC.

General Qualifications:

- Type 1 Diabetes
- Age <50 unless exceptional cases
- Creatinine clearance (Cockcroft method): serum creatinine >2.0 mg/dl.
- Ability to comply with strict follow-up regimen
- Family support
- If cardiac lesions are irreparable, the patient is disqualified for kidney-pancreas transplant
- Type 2 Diabetes patients are NOT candidates



Leslie Williams, RN, MS, APN, the clinical coordinator at the Richmond VA Liver Transplant Center, will be leaving the VA this month (Feb 2005). Leslie has been with the Richmond Center for five years, and has been there through the tremendous growth of the program. Leslie will be joining the transplant staff at the Medical College of Virginia (MCV), affiliate of the Richmond VAMC, taking care of the transplant patients, so she will still be involved with the VA. We join the Richmond team in wishing Leslie the very best in her new position at MCV. Thank you Leslie for being an essential part of the VA National Transplant Program, and for the outstanding care and dedication you have provided to the veterans assigned to the Richmond program these past five years. We will miss you!



Training Video

By Cathy Blanchard, MSW

Bone Marrow Transplant Social Worker, VATC Seattle, WA

VA Puget Sound Health Care System

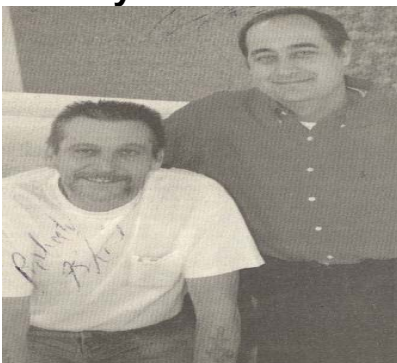
Update

Social Work
News

Rocco Bagala, Associate Director of Social Work at the VA Puget Sound Health Care System, asked a few of the social workers at Puget Sound to write about their job duties and daily work experiences. Along with others, Cathy Blanchard, VA PSHCS Bone Marrow Transplant Unit social worker completed a description of an average day. These accounts were submitted to Social Work Service in VA Central Office for consideration to participate in an educational project. The proposed project was devoted to creating a training video exploring what social workers do and why they do it.

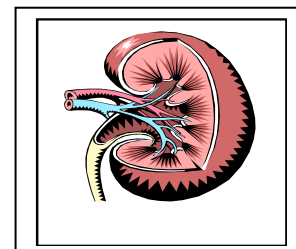
Among the cast selected was the VA PSHCS Bone Marrow Transplant Unit. The unit was a great depiction of what they wanted to capture - the many different roles a social worker must be proficient in, how the social worker assists to provide the best care for patients and contributes to the overall care plan by coordinating efforts with other team members. Several members of the Bone Marrow Transplant team offered their assistance on December 9, 2004, capturing the opportunity to be stars and making appearances sharing their perspective of the field of social work and the value of social work on their team! The video is expected to be completed in March 2005 and will be available for viewing by VA Staff, community social workers and graduate students.

Kidney Donation Gives Friend A New Life by Carol Winetroub LCSW, Iowa City, IA



Kidney transplant recipient Gary Schroer (right) returned to work full-time after receiving a kidney from Robert Kline (left) at the Iowa City VA Transplant Center in August 2004.

Daily Times Herald Photo By Larry Devine



The friendship between Robert Kline and Gary Schroer began a couple of years ago after Kline was hired as a subcontractor at the carpet store in Carroll, Iowa, where Schroer is employed. Whenever Kline came into the store, he enjoyed visiting and joking with Schroer. He soon noticed that Schroer frequently was absent from work, but he did not know why. Later he discovered Schroer was undergoing dialysis at a nearby hospital for four hours every Monday, Wednesday, and Friday morning and was in need of a kidney transplant.

Kline suggested he could be a donor, but initially Schroer didn't think it was a serious offer. "He told me three different times he wanted to give me a kidney, and I didn't believe him," Schroer said. The third time I looked at his wife and said, 'Is he serious?' And she said, 'Yes, that's all he's been talking about.'" At that point, Schroer decided he would accept Kline's offer.

Why did Kline offer to donate his kidney? "You just have to know Gary," Kline said. "He's a cool guy and he's only 36 years old. He's got a family--two little girls--and he was tied down by dialysis. He couldn't go on vacation with his kids. I thought it would be cool if I could change all that for him."

And what a dramatic change it has been for Schroer! "I feel like a million bucks right now," Schroer says. "I feel better than I probably have in eight or nine years." Schroer continues, "I began noticing the difference about three days after the transplant. I had more energy. I wasn't as tired. Every day I've been feeling better. I'm getting back to the old me again."

Schroer's health problems began in 1991 while he was serving in the Marine Corps and was injured when the helicopter in which he was riding crashed during a training exercise in California. "I took part of a blade in my chest and it ended up in my lung," Schroer said. After doctors removed the lower lobe of his right lung, he developed chronic high blood pressure which led to kidney failure. His health deteriorated to the point he could do little else besides work and sleep. He lost 45 pounds. He was on dialysis for just over two years when the transplant took place at the Iowa City VA Transplant Center on August 23, 2004.

"I've got a second chance now," says Schroer. "A lot of people don't get that." He'll be riding his Harley Davidson Softail again, and he's looking forward to being able to return to fishing and hunting. An avid golfer, Schroer says, "This summer I'm really going to focus on my game." He and his wife, Cheri, are looking forward to taking their daughters Emily, 8, and Jessica, 6, on a Disney cruise this year because, "They've gone through a lot with us in the last year and a half, and we haven't had a vacation. This year will be special for all of us."

Kline says he believes more people would be donors if they knew about the advances that have been made in transplantation to reduce some of the risks and discomfort. Kline adds, "A big reason some people don't donate may be financial." Typically, donors miss four to six weeks of work. However, Kline's church and a local service organization combined efforts to raise enough funds to help Kline's family meet basic expenses during the six weeks he was off work. "The turnout we had for a fundraiser for Robert was tremendous," Schroer said. "It just makes you feel real warm that you live in a community like this and get this much support."

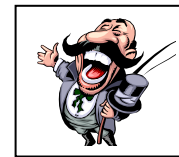
There definitely is a special bond between donor and recipient. "My kids just adore him (Kline)," Schroer says. "We're going to be lifelong friends now, no doubt. Our friendship has just grown closer and closer. It's pretty amazing what he did for me," Schroer says. Kline adds, "If I had another kidney to donate, I'd do it all again in a heartbeat."

Rabies in German Organs

Three German Hospital patients appear to have been infected with rabies through lung, kidney and pancreas transplants and are in critical condition. The donor showed no signs of rabies at her death. Brain tissue examination at one year showed signs of the disease. All transplanted lung, kidney and pancreas patients showed symptoms of rabies. (Feb 2005).

CMS Proposes New Rule for Organ Transplant Centers

by Marianne Mathewson-Chapman PhD, ARNP
VA National Transplant Program Office



The Centers for Medicare and Medicaid Services (CMS) published a proposed rule on Requirements for Approval and Re-approval of Transplant Centers to Perform Organ Transplants. These rules set forth for heart, heart-lung, intestine, kidney, lung and pancreas transplant centers must meet to participate as Medicare-approved centers. The focus is on the transplant center's ability to perform successful transplants and deliver quality patient care as shown by good outcomes and sound policies and procedure. Centers meeting the criteria will be approved for 3 years, and could have the approval renewed if they continue to meet the requirements.

Bone Marrow Transplant News



By Marianne Mathewson-
Chapman PhD, ARNP
Clinical Program Manager,
VA National Transplant
Program

American Cancer Society News: New Drug for Mouth Sores after Bone Marrow Transplants (12/29/04)

Palifermin** Approved for Leukemia, Lymphoma Patients

Leukemia and Lymphoma patients who need a bone marrow transplant now have a drug to help them cope with one the treatment's most common side effects: mouth sores or mucositis. These mouth sores are painful and may require treatment with intravenous narcotics. The US FDA has approved palifermin (Kepivance) after a study showed it cut the severity of mouth sores and helped them heal faster. (**NEJM**, Vol 351, No.25:2590-2598).

The drug is the first to be approved to treat this painful side effect of the high-dose chemotherapy and radiation needed before a bone marrow transplant. Before this new drug, patients were offered ice chips and narcotics to manage pain. Researchers studied 212 patients with leukemia, Hodgkin disease, non-Hodgkin lymphoma or multiple myeloma who were having a bone marrow or stem cell transplant. Half the patients were given Palifermin and others received a placebo. Almost all patients developed some degree of mouth sores. Severe ones were less common and healed more quickly in those who received Palifermin. Side effects of the drug included rash, itching, skin tingling and redness, taste changes and tongue thickness.

How does it work: Palifermin is a type of a drug known as a keratinocyte growth factor. It is a form of human protein. The drug helps the cells lining the mouth grow and multiply. This action counteracts the damage to the lining of the mouth caused by the high-dose chemotherapy and radiation given before a bone marrow transplant. Palifermin is given directly into the vein and on each of the 3 days just before high-dose chemotherapy and radiation, and for 3 days more right after the bone marrow transplant. Approximately 11,000 US adults with blood cancers receive bone marrow transplants each year (Amigen Drug Company).

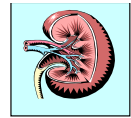
**** Palifermin is only approved for use in patients with leukemia, myeloma or lymphoma who receive high doses of chemotherapy and radiation therapy followed by stem cell rescue.**

By Marianne
Mathewson-Chapman
PhD, ARNP
Clinical Program
Manager, VA National
Transplant
Program

Kidney Transplant News

Infectious Diseases in Kidney Transplant Recipients

Posted 4/21/2004 by Dr. Andrew Howard (Medscape 2004)



More than 80% of renal transplant recipients suffer at least 1 case of infection during the first year after transplantation. Early diagnosis and intervention for infectious diseases can help prevent loss of graft function and improve patient outcomes.

Infections such as pneumonia, wound infections and urinary tract infections occur the first weeks after transplantation and similar to those nonimmunosuppressed patients undergoing surgery. Infections with opportunistic pathogens and cytomegalovirus are common between 1 and 6 months.

Risk for these infections is increased by higher levels of immunosuppression due to acute or chronic rejection or to a pre-existing immunosuppressed status. Healthcare providers must be vigilant in screening donor candidates for communicable diseases so that these are not passed on to the transplant recipient. Another way to prevent infections is prophylactic drug treatment. The American Society for Transplantation also recommends annual vaccinations of transplant recipients and their families against the influenza virus.

Because renal transplant recipients are particularly vulnerable to opportunistic infectious diseases, providers should familiarize themselves with treatments and prophylactic strategies for managing infections in their patients when VA patients arrive home for follow-up care at the VA referring/sending center. Providers should also maintain regular communication with the transplant center regarding the patient's treatment and status.

Living Kidney Donor Transplant VATC Nashville

Kizilisik AT, Ray JM, Nylander WA, Langone AJ, Helderman JH, Shaffer D.

Am Journal of Surgery 2004 NOV; 188(5):611-3

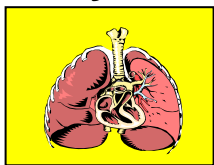
Veterans Administration Medical Center, Nashville, TN

A shortage of organ donors remains the major limiting factor in kidney transplantation. Living donors may expand the donor pool by providing another source of excellent grafts. The use of unrelated donors has produced an additional supply of organs. In the Nashville VATC program, the proportion of living donors used for kidney transplant is comparable with other non-Veterans Administration programs and the survival of these allografts appears to be superior to deceased donor kidney transplants. In the past 6 years (1997-2003), the number of living donors kidney transplants surpassed deceased donor kidney transplants.

Psychological Well-Being Is Maintained Following Lung Transplant

New York Reuters Health and Chest 2005;127:166-170

Submitted by Marianne Mathewson-Chapman PhD, ARNP



The psychological well-being of patients after lung transplantation is not significantly different from those in the general population. Dr. Lutz Goetzmann and colleagues from the University Hospital Zurich, Switzerland examined 50 patients for their psychological state who had undergone lung transplantation. The mean age was 42.9 years. 49 patients had bilateral lung transplantation and one had unilateral transplantation. The average time since transplantation was 4.2 years. Psychological variables

included levels of anxiety and depression, self-esteem, social support and self-assessments of physical and psychological health.

The investigators observed a similar overall degree of anxiety and depression between the lung transplantation recipients and the average population sample. Fourteen patients exhibited clinically significant anxiety and five patients had clinically significant depression. Sixteen patients reported a pulmonary complication and 20 reported a non-pulmonary complication. Pulmonary complications were associated with higher anxiety levels; non-pulmonary complications did not have this effect. Men subjects were more significantly depressed than women subjects.

Check out the VA Transplant Webpage

Templates Available: Check website: <http://vaww.va.gov/transplant>

- SOCIAL WORK ASSESSMENT FOR TRANSPLANT CANDIDATES
- MENTAL HEALTH ASSESSMENT FOR TRANSPLANT CANDIDATES
- VA PHYSICIAN SUMMARY LETTER SAMPLE

Medical Continuing Education Opportunities

www.medscape.com/pages/editorial/public/resourcecenters/index-transplantation



Check out the *Medscape from WebMD* for the Transplantation Resource Center. This resource center is collection of the latest medical news and clinical information on long-term health risks and clinical management issues in solid organ transplantation. Free CEU courses to take and receive a certificate of completion for professional education.

Visit the Patient Education Center : Heart Transplantation and the Comprehensive Guide to how a heart transplant is performed, the risks involved and what to expect after surgery as well as information on cardiac rehabilitation.

<http://www.medscape.com/patientdirectory/transplantation?src=mp>

Register: My HealthVET

Putting the Veteran in the center of VA Health Care. Get VA information on the internet and health information. Maintain your own personal health information. Print a wallet card. Access appointments, pharmacy and refill prescriptions (future release) and add information. Try the new web site and register: <http://www.myhealth.va.gov>

REGISTER: COLLAGE Transplant

COLLAGE WEB PAGE: Knowledge Management Product

www.vaww.collage.research.med.va.gov/collage/E_Transplant/



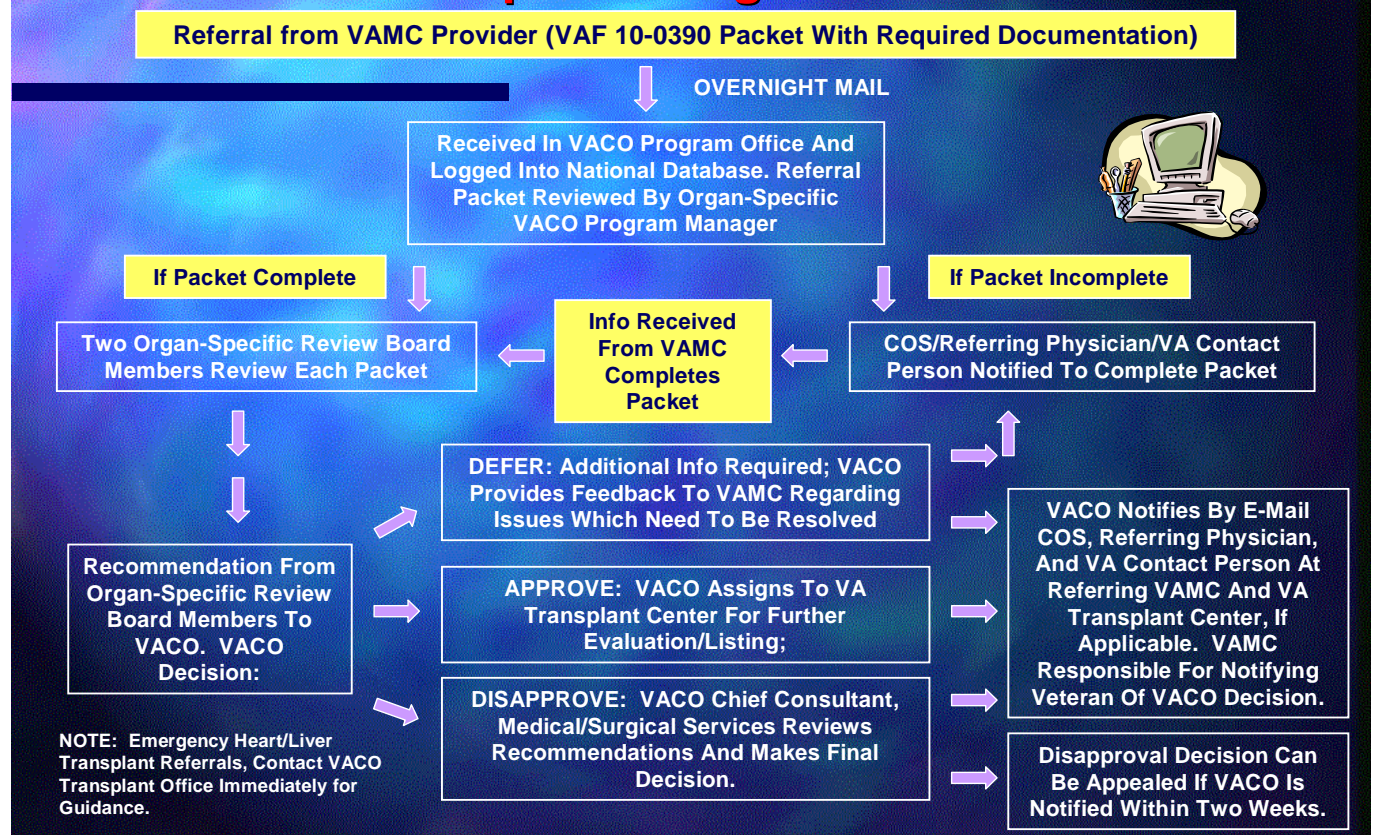
What is COLLAGE? COLLAGE is a Knowledge Management Product for Dispersed Communities of Practice (CoP), sponsored by Dr. Frances Matt, COLLAGE Director. This system will enhance linking of knowledge from all transplant networks throughout the transplant community to improve organizational effectiveness and communication. Pam Hale RN, Chairman of the TCAG Educational Work Group is excited about its possibilities to enhance training opportunities, sharing of knowledge throughout the transplant community as well as sharing best practices, audiotapes of conference calls and presentations. You may be asked to place your power point presentations on the COLLAGE Web Page and learn to upload other interesting information to share with your community of practice. Help Pam Hale and team with this exciting education tool for the transplant community.

Referral Packet Tips:

- ✓ When organizing your packet before submission to VA Central Office (VACO), place the information in the same order as the VACO checklist. A current copy of the VACO checklists can be located on the transplant website at: <http://vaww.va.gov/transplant>.
- ✓ Effective August 2004, VACO no longer requires the original and three (3) copies of the referral packet. Original only to VACO, but we encourage the referring facility to keep a complete copy (with signatures) at their end.

The Referral Process

Process for Evaluating Referrals By VACO Transplant Program Office



*****CORRECTION:** The November 2004 Transplant Newsletter: LODGING at VATC article incorrectly stated that there was shuttle transplantation from the VAMC Richmond to MCV. This **is incorrect**.

WEBSITES

- <http://www.va.gov/transplants>
- <http://vaww.va.gov/transplant>
Guidelines in preparing transplant packets
Transplant Brochure
- <http://www.donatelife.net>
Details in becoming a donor.
- <http://www.optn.org/resources/>
Upcoming events with UNOS.
- <http://www.va.gov/directory/>
Refer to this website to get information from a particular VA Facility.
- <http://www.medscape.com>



Conference Calls

REMINDER: The Next VA National Transplant Conference Call is scheduled for **April 13** and Quarterly calls are scheduled in 2005

for: **July 13**

October 13

Email Brenda/Beverly for Agenda topics. The Agenda and dial-in instructions are sent to the transplant email group 2 weeks prior to the call.

Nutrition Websites:

<http://www.deliciousdecisions.org> (Cookbook for persons with heart disease)

<http://www.nutrition.gov> (Access to nutrition, healthful eating and on-line database for nutrients)

Liver/Kidney Conference Portland

**Portland Conference: Advances in Liver/Kidney Transplantation
April 21-23, 2005**

The Embassy Suites Hotel, Portland, OR

The Portland VA Medical Center and Oregon Health and Science University will be jointly sponsoring the upcoming "Advances in Liver and Kidney Transplantation" conference from April 21-23, 2005, in Portland, Oregon. For more information, visit the VA Transplant website at: <http://vaww.va.gov/transplant> or contact Roberta Ruimy at 503-721-7860. Final brochures will be mailed to the transplant email group soon. We hope to see you there. Conference presentations will include:

Topics:

VA Liver and Kidney Transplant Experience	The Inpatient Experience
VA Referral Process	Post-Transplant Follow-up
From Referral to Follow-up	Transplant Medications
Maintaining Patients on the Waiting List	Organ Donation
Video" Portland VA Lodging	Nutrition and Exercise
Dental Issues with Transplant	Psychosocial Issues and Barriers
	Psychiatric Issues
	Immunosuppression
	Managing ESLD and when to refer
	Special Topics for Liver and Kidney
	Living Donors for Kidney and Liver
	Transplantation and HIV+/co-Infected Patients
	MELD scoring and More

Future Newsletter Features

- ❖ New VACO Chief of Dieticians: New Transplant Newsletter Feature on Nutrition for the Pre and Post Transplant Patient
- ❖ Standardized Ordering Data Sets
- ❖ Electronic Transplant Referral Form
- ❖ COLLAGE Transplant Web page
- ❖ Update News in Transplantation

Thank you for your articles that you submitted in this newsletter. The Editorial Staff was able to edit and include all your news from the transplant world. We welcome articles and pictures related to solid organ and bone marrow transplantation.. Let us hear about all the great things you are doing and services you are providing to our veterans. Please email your news to Marianne.mathewson-chapman@va.gov. This newsletter will be published quarterly:

May—August—November--February

VA National Transplant Program

Newsletter Editorial Board.....202-273-8517

Editor in Chief: Marianne Mathewson-Chapman

Editorial Board: Brenda Salvas
Beverly Zinicola